

<i>SERFF Tracking Number:</i>	<i>ABAI-126954522</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assured Life Association</i>	<i>State Tracking Number:</i>	<i>47553</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>ALA 2010Q3 Rate Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Assured Life Association

Product Name: ALA 2010Q3 Rate Filing

TOI: MS051 Individual Medicare Supplement -  
Standard Plans

Sub-TOI: MS051.001 Plan A

Filing Type: Rate

SERFF Tr Num: ABAI-126954522

SERFF Status: Closed-Approved-  
Closed

Co Tr Num:

Author: Kim Hefner

Date Submitted: 12/19/2010

State: Arkansas

State Tr Num: 47553

State Status: Waiting Industry  
Response

Reviewer(s): Stephanie Fowler

Disposition Date: 02/11/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested:

State Filing Description:

Implementation Date: 02/11/2011

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 11%

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/14/2011

State Status Changed: 02/03/2011

Deemer Date:

Submitted By: Kim Hefner

Filing Description:

Created By: Kim Hefner

Corresponding Filing Tracking Number:

The purpose of this filing is to request the rate increase amounts shown below for the Company's 1990 Standardized Medicare Supplement Plans to be effective on April 1, 2011.

Plan Requested Rate Increase

A 10.0%

B 9.0%

C 9.0%

D 9.0%

SERFF Tracking Number: ABAI-126954522 State: Arkansas  
Filing Company: Assured Life Association State Tracking Number: 47553  
Company Tracking Number:  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: ALA 2010Q3 Rate Filing  
Project Name/Number: /

F 20.0%

G 9.0%

## Company and Contact

### Filing Contact Information

Kim Hefner, Compliance Manager khefner@allenbailey.com  
8310 Capital of Texas Hwy North 512-502-8800 [Phone] 124 [Ext]  
Suite 370 512-502-8638 [FAX]  
Austin, TX 78731

### Filing Company Information

(This filing was made by a third party - allenbaileyandassociatesinc)

Assured Life Association CoCode: 56499 State of Domicile: Colorado  
8000 East Maplewood Avenue, Suite 105 Group Code: 614 Company Type: Fraternal Benefit  
Society  
Greenwood Village, CO 80111 Group Name: State ID Number:  
(800) 777-9777 ext. [Phone] FEIN Number: 84-0356870

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$600.00  
Retaliatory? No  
Fee Explanation: 12 rates/forms at \$50 per form  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assured Life Association	\$600.00	12/19/2010	43091750

SERFF Tracking Number: ABAI-126954522 State: Arkansas  
 Filing Company: Assured Life Association State Tracking Number: 47553  
 Company Tracking Number:  
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
 Standard Plans  
 Product Name: ALA 2010Q3 Rate Filing  
 Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	02/11/2011	02/14/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	02/03/2011	02/03/2011	Kim Hefner	02/11/2011	02/11/2011
Pending Industry Response	Stephanie Fowler	01/19/2011	01/19/2011	Kim Hefner	01/25/2011	01/25/2011
Pending Industry Response	Stephanie Fowler	01/13/2011	01/13/2011	Kim Hefner	01/17/2011	01/17/2011

<i>SERFF Tracking Number:</i>	<i>ABAI-126954522</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assured Life Association</i>	<i>State Tracking Number:</i>	<i>47553</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
<i>Product Name:</i>	<i>ALA 2010Q3 Rate Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 02/11/2011

Implementation Date: 02/11/2011

Status: Approved-Closed

Comment: The negotiated rate increase of 10% for Plan F has been approved, as well as the 9% increase for Plans B, C, D, and G and the 10% requested for Plan A. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Assured Life Association	11.000%	11.000%	\$578,686	876	\$6,429,840	20.000%	9.000%
	<b>Percent Change Approved:</b>						
	<b>Minimum:</b>	%	<b>Maximum:</b>	%	<b>Weighted Average:</b>		%

SERFF Tracking Number: ABAI-126954522 State: Arkansas  
Filing Company: Assured Life Association State Tracking Number: 47553  
Company Tracking Number:  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: ALA 2010Q3 Rate Filing  
Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document (revised)</b>	Health - Actuarial Justification	Approved	No
<b>Supporting Document</b>	Health - Actuarial Justification	Disapproved	No
<b>Supporting Document</b>	third party authorization	Accepted for	Yes
		Informational Purposes	
<b>Supporting Document</b>	response letter 1-17-2011	Accepted for	Yes
		Informational Purposes	
<b>Supporting Document</b>	response letter 1-25-2011	Accepted for	Yes
		Informational Purposes	
<b>Supporting Document</b>	response letter 2-11-2011	Accepted for	Yes
		Informational Purposes	
<b>Rate (revised)</b>	2011 proposed rates	Approved	Yes
<b>Rate</b>	2011 proposed rates	Disapproved	No
<b>Rate</b>	2011 proposed rates	Disapproved	No

# Objection Letter

Dear Kim Hefner,  
Thank you for your response.

Sincerely,  
Stephanie Fowler

SERFF Tracking Number: ABAI-126954522 State: Arkansas  
 Filing Company: Assured Life Association State Tracking Number: 47553  
 Company Tracking Number:  
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
 Standard Plans  
 Product Name: ALA 2010Q3 Rate Filing  
 Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 02/11/2011  
 Submitted Date 02/11/2011

Dear Stephanie Fowler,

### Comments:

In response to your objection letter,

### Response 1

Comments: Please see response and revised rate sheets included in this resubmission

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: response letter 2-11-2011

Comment:

No Form Schedule items changed.

### Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
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2011 proposed rates	ARMSIA06ST; MTA1-21522; ARMSIB06ST; MTA2-21523; ARMSIC06ST; MTA3-21524; ARMSID06ST; MTA4-21525; ARMSIF06ST; MTA5-21526; ARMSIF06ST; MTA5-21526	Revised	Previous State Filing Number	
			ABAI-126440568	
			Percent Rate Change Request	
			10	

### Previous Version

2011 proposed	ARMSIA06ST; MTA1-	Revised	Previous State Filing Number
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SERFF Tracking Number: ABAI-126954522 State: Arkansas  
Filing Company: Assured Life Association State Tracking Number: 47553  
Company Tracking Number:  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: ALA 2010Q3 Rate Filing  
Project Name/Number: /

rates 21522;ARMSIB06ST; MTA2-  
21523;ARMSIC06ST;  
MTA3-21524;ARMSID06ST;  
MTA4-21525;ARMSIF06ST;  
MTA5-21526;ARMSIF06ST;  
MTA5-21526

ABAI-126440568

Percent Rate Change Request

10

2011 proposed rates ARMSIA06ST; MTA1- Revised  
21522;ARMSIB06ST; MTA2-  
21523;ARMSIC06ST;  
MTA3-21524;ARMSID06ST;  
MTA4-21525;ARMSIF06ST;  
MTA5-21526;ARMSIF06ST;  
MTA5-21526

Previous State Filing Number

ABAI-126440568

Percent Rate Change Request

10

Thank you for your time and consideration on this filing.

Sincerely,  
Kim Hefner



# Objection Letter

Thank you for your response. However, the director and I have discussed this filing and your response and have determined that 10% is a fair increase and we are unable to approve more than that at this time. You may file for an increase again next year and we will consider your filing at that time.

PDF Pipeline for SERFF Tracking Number ABAI-126954522 Generated 02/14/2011 10:51 AM

SERFF Tracking Number: ABAI-126954522 State: Arkansas  
Filing Company: Assured Life Association State Tracking Number: 47553  
Company Tracking Number:  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: ALA 2010Q3 Rate Filing  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 01/25/2011  
Submitted Date 01/25/2011

Dear Stephanie Fowler,

### Comments:

Please see attached response letter.

### Response 1

Comments: Please see attached response letter.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: response letter 1-25-2011

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your time and consideration on this filing.

Sincerely,  
Kim Hefner

# Objection Letter

This will acknowledge receipt of the captioned filing.

Sincerely,  
Stephanie Fowler

SERFF Tracking Number: ABAI-126954522 State: Arkansas  
 Filing Company: Assured Life Association State Tracking Number: 47553  
 Company Tracking Number:  
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
 Standard Plans  
 Product Name: ALA 2010Q3 Rate Filing  
 Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 01/17/2011  
 Submitted Date 01/17/2011

Dear Stephanie Fowler,

### Comments:

In response to your letter, please note:

### Response 1

Comments: A response letter has been included under the supporting document tab.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment:

Satisfied -Name: response letter 1-17-2011

Comment:

No Form Schedule items changed.

#### Rate/Rule Schedule Item Changes

**Document Name: Affected Form Numbers: Rate Action: Rate Action Information: Attach Document:**

2011 proposed rates	ARMSIA06ST; MTA1-21522; ARMSIB06ST; MTA2-21523; ARMSIC06ST; MTA3-21524; ARMSID06ST; MTA4-21525; ARMSIF06ST; MTA5-21526; ARMSIF06ST; MTA5-21526	Revised	Previous State Filing Number
			ABAI-126440568
			Percent Rate Change Request
			10

SERFF Tracking Number: ABAI-126954522 State: Arkansas  
Filing Company: Assured Life Association State Tracking Number: 47553  
Company Tracking Number:  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: ALA 2010Q3 Rate Filing  
Project Name/Number: /

**Previous Version**

2011 proposed ARMSIA06ST; MTA1- Revised Previous State Filing Number  
rates 21522;ARMSIB06ST; MTA2-  
21523;ARMSIC06ST;  
MTA3-21524;ARMSID06ST;  
MTA4-21525;ARMSIF06ST;  
MTA5-21526;ARMSIF06ST;  
MTA5-21526  
ABAI-126440568  
Percent Rate Change Request  
10

Thank you for your time and consideration of this filing.

Sincerely,  
Kim Hefner

SERFF Tracking Number:	ABAI-126954522	State:	Arkansas
Filing Company:	Assured Life Association	State Tracking Number:	47553
Company Tracking Number:			
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	ALA 2010Q3 Rate Filing		
Project Name/Number:	/		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	10.000%
<b>Effective Date of Last Rate Revision:</b>	01/28/2010
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Assured Life Association	N/A	11.000%	11.000%	\$578,686	876	\$6,429,840	20.000%	9.000%

SERFF Tracking Number: ABAI-126954522 State: Arkansas  
Filing Company: Assured Life Association State Tracking Number: 47553  
Company Tracking Number:  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: ALA 2010Q3 Rate Filing  
Project Name/Number: /

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 02/11/2011	2011 proposed rates	ARMSIA06ST; MTA1- 21522;ARMSIB0 6ST; MTA2- 21523;ARMSIC0 6ST; MTA3- 21524;ARMSID0 6ST; MTA4- 21525;ARMSIF06 ST; MTA5- 21526;ARMSIF06 ST; MTA5-21526	Revised	Previous State Filing Number:  Percent Rate Change Request:	ABAI- 1264405 68 10.000 AR 2011 RATES PROPOSED STAND REVISED 01.24.2011.pdf

Schedule of Annual Rates  
For Policy Form MTA1 - Arkansas

## PROPOSED RATES

## ALL AGES

NON TOBACCO USER	1,511.40
TOBACCO USER	1,887.60

TO OBTAIN MONTHLY, QUARTERLY, AND SEMIANNUAL PREMIUMS, DIVIDE THE ABOVE QUOTED PREMIUMS BY 12, 4, AND 2 RESPECTIVELY.



Schedule of Annual Rates  
For Policy Form MTA2 - Arkansas

## PROPOSED RATES

## ALL AGES

NON TOBACCO USER	1,798.50
TOBACCO USER	2,248.67

TO OBTAIN MONTHLY, QUARTERLY, AND SEMIANNUAL PREMIUMS, DIVIDE THE ABOVE QUOTED PREMIUMS BY 12, 4, AND 2 RESPECTIVELY.

Schedule of Annual Rates  
For Policy Form MTA3 - Arkansas

## PROPOSED RATES

## ALL AGES

NON TOBACCO USER	1,957.64
TOBACCO USER	2,447.05

TO OBTAIN MONTHLY, QUARTERLY, AND SEMIANNUAL PREMIUMS, DIVIDE THE ABOVE QUOTED PREMIUMS BY 12, 4, AND 2 RESPECTIVELY.

Schedule of Annual Rates  
For Policy Form MTA4 - Arkansas

## PROPOSED RATES

## ALL AGES

NON TOBACCO USER	1,847.55
TOBACCO USER	2,311.89

TO OBTAIN MONTHLY, QUARTERLY, AND SEMIANNUAL PREMIUMS, DIVIDE THE ABOVE QUOTED PREMIUMS BY 12, 4, AND 2 RESPECTIVELY.

Schedule of Annual Rates  
For Policy Form MTA5 - Arkansas

## PROPOSED RATES

## ALL AGES

NON TOBACCO USER	2,304.50
TOBACCO USER	2,883.10

TO OBTAIN MONTHLY, QUARTERLY, AND SEMIANNUAL PREMIUMS, DIVIDE THE ABOVE QUOTED PREMIUMS BY 12, 4, AND 2 RESPECTIVELY.

Schedule of Annual Rates  
For Policy Form MTA6 - Arkansas

## PROPOSED RATES

## ALL AGES

NON TOBACCO USER	1,750.54
TOBACCO USER	2,188.72

TO OBTAIN MONTHLY, QUARTERLY, AND SEMIANNUAL PREMIUMS, DIVIDE THE ABOVE QUOTED PREMIUMS BY 12, 4, AND 2 RESPECTIVELY.

SERFF Tracking Number:	ABAI-126954522	State:	Arkansas
Filing Company:	Assured Life Association	State Tracking Number:	47553
Company Tracking Number:			
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	ALA 2010Q3 Rate Filing		
Project Name/Number:	/		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> third party authorization	Accepted for Informational Purposes	02/11/2011
<b>Comments:</b>		
<b>Attachment:</b>		
ALA Filing Authorization.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> response letter 1-17-2011	Accepted for Informational Purposes	02/11/2011
<b>Comments:</b>		
<b>Attachment:</b>		
ALA AR Response 2011.01.17.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> response letter 1-25-2011	Accepted for Informational Purposes	02/11/2011
<b>Comments:</b>		
<b>Attachment:</b>		
ALA AR Response 2011.01.24.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> response letter 2-11-2011	Accepted for Informational Purposes	02/11/2011
<b>Comments:</b>		
<b>Attachment:</b>		
ALA AR Response 2011.02.11.pdf		



8000 East Maplewood Ave., Suite 105  
Greenwood Village, CO 80111

phone 303.792.9777  
toll-free 800.777.9777  
fax 303.792.9793

[www.denverwoodmen.com](http://www.denverwoodmen.com)

January 4, 2010

TO WHOM IT MAY CONCERN:

This letter serves as acknowledgement that Assured Life Association has engaged the actuarial firm of Allen Bailey and Associates, Inc. to act on our behalf in filing the enclosed policy forms. Any questions regarding these filings should be addressed to:

Ms. Kim Hefner  
Compliance Manager  
Allen Bailey and Associates, Inc.  
8310 Capital of Texas Highway North  
Suite 370  
Austin, TX 78731  
Phone: (512) 502-8800  
Fax: (512) 502-8638

Thank you.

---

Diane L Muller, Corporate Secretary

January 17, 2011

**SUBMITTED VIA SERFF**

Ms. Stephanie Fowler  
Arkansas Insurance Department

**RE: Assured Life Association**

SERFF Tracking Number: ABAI – 126954522

Product Name: ALA 2010Q3 Rate Filing

TOI: MS05I Individual Medicare Supplement - Standard Plans

Dear Ms. Fowler:

Thank you for your consideration of this rate filing.

The following is the Company's response to your 1/13/2011 objection to the filing referenced above:

*Based on the amount of the increases in 2008 and 2010 and the possible impact a 20% increase would have on the citizens of Arkansas, we would be willing to accept a 10% increase for the plans contained in this filing.*

**Company Response:**

The Company understands and respects the department's position with regard to this rate filing. However, the Company's position is that a 10% increase at this time will be inadequate and requests further consideration of the originally proposed increase. If the department is unable to grant a 20% increase for plan F, the Company wishes to pursue an increase less than 20% but greater than the 10% offered by the state.

Please note that the requested 20% increase for plan F generates a projected lifetime loss ratio of 75.8%, which remains significantly higher than the filed and approved lifetime loss ratio of 68.5%, with future projected durational loss ratios that are consistent with the filed and approved durational loss ratios. This 20% increase does not generate projected durational loss ratios below the filed and approved durational loss ratios. The 10% increase that has been proposed by the department generates a projected lifetime loss ratio of 79.4%, with future projected durational loss ratios 8.5% greater than the filed and approved durational loss ratios. The 10% increase is projected to allow the performance of this product to deteriorate further and is the basis for the Company's position that such an increase is inadequate.

Through 9/30/2010, the Company has issued 34% of certificates to insureds that were ages 65 – 69 at the time of issue, 24% of certificates to insureds that were ages 70 – 74 at the time of issue, and 42% of certificates to insureds that were at least 75 years of age at the time of issue. The expected distribution of certificates issued was 60% to insureds that were ages 65



January 17, 2011  
Ms. Stephanie Fowler  
Arkansas Insurance Department  
Page 2

to 69 at the time of issue, 30% to insureds that were ages 70 – 74 at the time of issue, and 10% to insureds that were at least 75 years of age at the time of issue. In a community rated state, such as Arkansas, this adverse deviation in the distribution of the issue age of certificates has had a material impact on the losses realized by the Company. The Company submits this adverse experience as further justification for its request of additional consideration of the 20% increase to plan F.

Additionally we would like to note that the Plan F rates presented in the original filing material do not reflect the requested 20% rate increase. As part of this response submission, those exhibits have now been corrected to reflect the rate increase amount requested.

Thank you for your time and consideration of this response.

Sincerely,

A handwritten signature in black ink that reads "Thomas E. Pyle". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Thomas E Pyle, ASA, MAAA  
Consulting Actuary

January 24, 2011

**SUBMITTED VIA SERFF**

Ms. Stephanie Fowler  
Arkansas Insurance Department

**RE: Assured Life Association**

SERFF Tracking Number: ABAI – 126954522

Product Name: ALA 2010Q3 Rate Filing

TOI: MS05I Individual Medicare Supplement - Standard Plans

Dear Ms. Fowler:

The following is the Company's response to your 1/19/2011 objection to the filing referenced above:

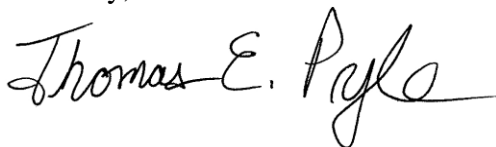
*Thank you for your response. However, the director and I have discussed this filing and your response and have determined that 10% is a fair increase and we are unable to approve more than that at this time. You may file for an increase again next year and we will consider your filing at that time.*

**Company Response:**

Thank you for continued consideration of the Company's rate increase filing for Plan F. The Company acknowledges your concern regarding the impact to current certificate holders in your state. The monthly financial impact of a 10% rate increase for Plan F is approximately \$18 for Non-tobacco Users and \$23 for Tobacco Users. The monthly financial impact of a 15% rate increase for Plan F relative to a 10% rate increase is an additional \$9 for Non-tobacco Users and \$11 for Tobacco Users. The Company believes that this additional monthly expense is manageable for the certificate holders and remains reasonable given the adverse experience of the Company within the state.

The Company maintains that a 15% rate increase at this time is instrumental in mitigating larger increases in future years. The Company respectfully requests your consideration of a 15% rate increase for Plan F.

Sincerely,



Thomas E Pyle, ASA, MAAA  
Consulting Actuary

February 11, 2011

**SUBMITTED VIA SERFF**

Ms. Stephanie Fowler  
Arkansas Insurance Department

**RE: Assured Life Association**

SERFF Tracking Number: ABAI – 126954522

Product Name: ALA 2010Q3 Rate Filing

TOI: MS05I Individual Medicare Supplement - Standard Plans

Dear Ms. Fowler:

The following is the Company's response to your 2/3/2011 objection to the filing referenced above:

**Comment:**

*Thank you for your response. However, the director and I have discussed this filing and your response and have determined that 10% is a fair increase and we are unable to approve more than that at this time. You may file for an increase again next year and we will consider your filing at that time.*

**Company Response:**

The Company accepts your decision to approve a 10% increase. The revised rate schedules reflecting a 10% increase are included in this resubmission.

Sincerely,



Thomas E Pyle, ASA, MAAA  
Consulting Actuary